

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733989 (8)**  
1. Corporation Name  
**BIG BROTHERS WOMEN'S AUXILIARY, INC.**



Principal Place of Business <b>918 WEST BAY DRIVE LARGO FL 33770</b>	Mailing Address <b>918 WEST BAY DRIVE LARGO FL 33770</b>
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3. Date Incorporated or Qualified <b>10/06/1975</b>	
4. FEI Number <b>59-1676937</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**ESSLINGER, THOMAS H.  
147 BELCHER RD., SUITE 4  
LARGO FL 34641**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**918 West Bay Drive**  
83. City  
**Largo**  
84. State  
**FL**  
85. Zip Code  
**33770**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRUBAKER, CLAYTON C/O XEROX CORP., 42 W. CPYRESS ST TAMPA FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ESSLINGER, THOMAS H 147 BELCHER RD., SUITE 4 LARGO FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WHITE, LANGFRED 28059 U.S. HIGHWAY 19N #203 CLEARWATER FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SARGENT, DIANE 14331 60TH STREET N CLEARWATER FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TREICHEL, ERIC 600 CLEVELAND STREET CLEARWATER FL 34615</b>	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MEYER, LYNN 5250 EAST BAY DRIVE CLEARWATER FL</b>	<input type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Treasurer (D) Brubaker, Clayton c/o Xerox Corpt. 42 W. Cypress St. #100 Tampa FL 33607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Executive Director (D) Esslinger, Thomas H. 918 West Bay Drive Largo FL 33770</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Immed. Past President (D) White, Langfred W. 28059 U.S. Highway 19N #203 Clearwater FL 33761</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Vice President (D) Sargent, Diane 14331 60th St. N. Clearwater FL 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Vice President (D) Robert Jolley 13 Fernbrooke Dr. Safety Harbor FL 34695</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>President (D) Meyer, Lynn 5250 East Bay Dr. Clearwater FL 33770</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Thomas H Esslinger** 4/21/98

CR2E037 (10/97)